(PE) of the study was target lesion failure (TLF) at 9 months. Out of 724 patients, 262 were enrolled in 15 centers in Japan.
Results: There were significant differences in almost all baseline patient characteristics: age (69 vs. 63 years), diabetes mellitus (41% vs. 31%), insulin dependent diabetes mellitus (1% vs. 24%); acute coronary syndrome (5% vs. 35%), multivessel disease (30% vs. 46%), in Japan and out of Japan respectively. There were no significant differences in lesion characteristics except that more bifurcations (23% vs. 11%; p< 0.01) and longer lesions were treated in Japan (16.7 vs. 15.6 mm: p=0.02) with 47% vs. 37% of treated lesions being longer than 20 mm. Radial access was more frequently used in Japan (86% vs. 70%; p< 0.01). Pre-dilatation was done in 96% of the lesions in Japan and 73% outside Japan (p< 0.01), while mean number of post dilatations was 3.8±3.4 vs. 1.3±0.6 (p< 0.01) in Japan and outside Japan, respectively. PE up to 4-month was not significantly different between the groups (3.4 vs 3.9%).
Conclusions: Despite the significant differences observed in several baseline patient and procedure characteristics, short term results are very similar. One year data, including results per study stent arm will be presented.

TCT-106

Clinical Outcomes of Percutaneous Coronary Intervention with Nobori, Biolimus A9 Eluting Stent and Everolimus Eluting Stent for High Age Patients

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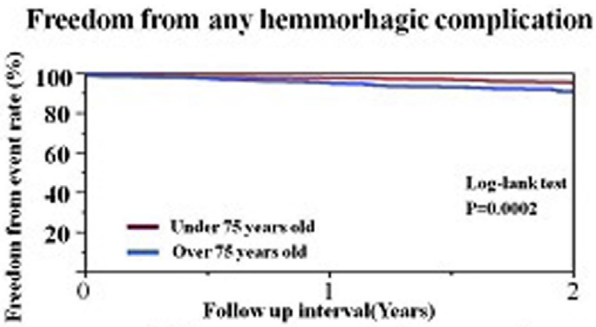
Background: Clinical outcomes of percutaneous coronary intervention(PCI) for high age patients has not well investigated in real-world setting.The aim of this study is to examine clinical outcomes after PCI for high age patients.
Methods: This study was performed as a retrospective registry. Between February 2010 to June 2012, 1646 patients underwent PCI with NoboriTM biolimus-eluting stent (BES) or everolimus eluting stent(EES). A total of 679 patients were over 75 years old. The main endpoints were major adverse cardiac or cerebrovascular events(MACE; defined as cardiovascular death, stroke, myocardial infarction), target lesion revascularization(TLR), target vessel revascularization(TVR), stent thrombosis(ST) and freedom from any hemorrhagic complication. Mean follow-up was 1.7±0.7 years.
Results: Baseline characteristics were not significantly different between the 2 groups. At 2-year, the cumulative rate of MACE, TLR, TVR and ST were no significant different between the two groups. The cumulative rate of freedom from any hemorrhagic complication was lower in over 75 years old group (91.6% vs 96.1%, P=0.0002). After correcting all end points with baseline variables, use of dual antiplatelet therapy for more than 2 years and use of clopidogrel were independent predictors for any hemorrhagic complication.



	Years	0	1	2
Under 75	at risk	967	857	391
	%	100	98.5	96.1
Over 75	at risk	679	555	233
	%	100	95.6	91.6

Conclusions: We might suggest that use of dual antiplatelet therapy with clopidogrel for more than 2 years is a risk factor of any hemorrhagic complication for high age patients.

TCT-107

Drug Eluting Stents Versus Coronary Artery Bypass Graft surgery for Isolated Proximal Left Anterior Descending Artery Stenosis: A Meta-analysis

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Background: Coronary Artery Bypass Graft surgery (CABG) involving Internal Mammary Artery (IMA) graft is considered superior to stenting for revascularization of Left Anterior Descending (LAD) artery. Current generation Drug Eluting Stents (DES) are associated with extremely low target vessel revascularization (TVR) rates. We sought to compare the outcomes of DES versus CABG for treatment of isolated stenosis of proximal LAD artery.
Methods: PubMed, Cochrane and Web of Science databases were searched for relevant articles in English language through April 30th 2014 comparing the outcomes of DES versus CABG for revascularization of isolated proximal LAD stenosis. Outcomes assessed were all-cause mortality, cardiovascular mortality, myocardial infarction (MI), peri-procedure stroke and TVR. Study quality, publication bias and heterogeneity were assessed. Analysis was done using DerSimonian and Laird random effect model.
Results: From 339 publications, we identified 4 studies (2 randomized & 2 observational) with 1182 patients (DES=634 CABG=548). Mean age was 62 years and 79% were males in both groups. Follow up period varied from 6 months to 10 years with a mean follow up of 4730 patient-years. DES types used included Paclitaxel, Sirolimus and Everolimus eluting stents. All CABG surgeries involved IMA graft while 78% of the CABG were done off-pump using lateral thoracotomy approach. There was no difference in all-cause mortality (RR: 1.20 95% CI: 0.51-2.83, p=0.67), cardiovascular mortality (RR: 0.43 95% CI: 0.11-1.64, p=0.21), MI (RR: 0.56 95% CI: 0.20-1.52, p=0.25) & stroke (RR: 0.55 95% CI: 0.09-3.44, p=0.51) rates between DES and CABG. TVR rate was also similar between two groups (DES Vs CABG RR: 2.20 95% CI: 0.74-649, p=0.15). Subgroup analysis of these outcomes both early (< 30days) and late (>30days) after the procedure did not show any difference between both treatment strategies. Hospital stay however was significantly lower in the DES group as expected (SMD= -9.1 days 95% CI: 14.06-4.14, p< 0.001).
Conclusions: DES in comparison to CABG for revascularization of isolated proximal LAD stenosis is associated with similar outcomes including the TVR rates while the hospital stay is significantly lower.

TCT-108

Multi-Vessel Versus Single-Vessel Treatment with Resolute Zotarolimus Eluting Stent in the RESOLUTE Global Clinical Program

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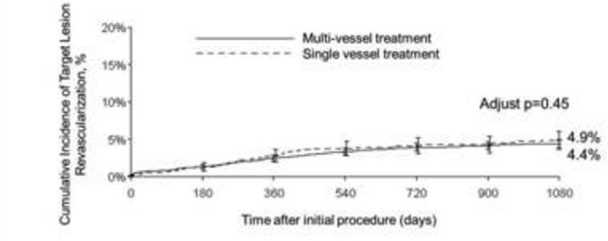
Background: The treatment of patients with multi-vessel (MV) disease for percutaneous coronary intervention has increased, especially since the introduction of drug eluting stents, although MV stenting is associated with increased risk of clinical events compared to patients with single-vessel (SV) treatment. As the appropriate treatment of which lesions and vessels to stent continues to be investigated, we sought to evaluate clinical outcomes of MV (≥2 vessels) stenting with ResoluteTM zotarolimus-eluting stent (R-ZES).
Methods: The RESOLUTE global clinical program enrolled 7618 patients treated with R-ZES. Target Lesion Failure (TLF) is defined as a composite of death from cardiac causes, target vessel myocardial infarction (TV-MI), and clinically-indicated target lesion revascularization (TLR). All clinical results in the extended pooled analysis are calculated using the Kaplan Meier (KM) method. Given differences in baseline characteristics, patients were matched by propensity scores based on 26 baseline variables and adjusted p-values are provided.
Results: Among 1562 patients treated by MV and 6056 by SV, MV patients had more complex baseline characteristics than SV patients. At 3 years, TLR (Figure), TLF (11.0% vs. 9.2%, p=0.48), cardiac death or TV-MI (6.9% vs 5.8%, p=0.29), and ARC definite/probable stent thrombosis (1.3% vs. 0.9%, p=0.91) were similar in MV and SV patients, respectively.
Conclusions: Across the RESOLUTE global clinical program, R-ZES for MV treatment provided excellent clinical outcomes, with no increased risk as compared with SV treatment, through long-term follow-up. Submitted on behalf of the RESOLUTE Global Clinical Program.



No. at Risk							
Days	0	180	360	540	720	900	1080
Multi-vessel	1562	1562	1516	1342	1001	817	670
Single vessel	6053	6043	5878	5417	4915	4397	3839